

09/832 069

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2000

Application or Docket Number

D6179 CIP

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

| | | |
|----------------------------------|--------------------------|--------------|
| TOTAL CLAIMS | 13 | 13 |
| FOR | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS | 13 minus 20 = | 4 |
| INDEPENDENT CLAIMS | 3 minus 3 = | 0 |
| MULTIPLE DEPENDENT CLAIM PRESENT | <input type="checkbox"/> | |

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY
TYPE OR
OTHER THAN
SMALL ENTITY

| | |
|-----------|--------|
| RATE | Fee |
| BASIC FEE | 355.00 |
| X\$ 9= | — |
| X40= | — |
| +135= | — |
| TOTAL | 355 |

| | |
|-----------|--------|
| RATE | Fee |
| BASIC FEE | 710.00 |
| X\$18= | — |
| X80= | — |
| +270= | — |
| TOTAL | 710 |

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

| AMENDMENT A | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | | |
|--|---|--------------------------|---|------------------|--------|-------------------|
| | | | | | RATE | ADDITIONAL FEE |
| Total | * 3 | Minus | ** 13 | = 0 | X\$ 9= | |
| Independent | * 3 | Minus | *** 3 | = 0 | X40= | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | <input type="checkbox"/> | | | +135= | |

SMALL ENTITY OR OTHER THAN
SMALL ENTITY

| | |
|--------|-------------------|
| RATE | ADDITIONAL FEE |
| X\$ 9= | |
| X40= | |
| +135= | |
| TOTAL | |

| | |
|--------|-------------------|
| RATE | ADDITIONAL FEE |
| X\$18= | |
| X80= | |
| +270= | |
| TOTAL | |

(Column 1) (Column 2) (Column 3)

| AMENDMENT B | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | | |
|--|---|--------------------------|---|------------------|--------|-------------------|
| | | | | | RATE | ADDITIONAL FEE |
| Total | * 3 | Minus | ** 3 | = 0 | X\$ 9= | |
| Independent | * 3 | Minus | *** 3 | = 0 | X40= | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | <input type="checkbox"/> | | | +135= | |

| | |
|--------|-------------------|
| RATE | ADDITIONAL FEE |
| X\$ 9= | |
| X40= | |
| +135= | |
| TOTAL | |

| | |
|--------|-------------------|
| RATE | ADDITIONAL FEE |
| X\$18= | |
| X80= | |
| +270= | |
| TOTAL | |

(Column 1) (Column 2) (Column 3)

| AMENDMENT C | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | | |
|--|---|--------------------------|---|------------------|--------|-------------------|
| | | | | | RATE | ADDITIONAL FEE |
| Total | * 3 | Minus | ** 3 | = 0 | X\$ 9= | |
| Independent | * 3 | Minus | *** 3 | = 0 | X40= | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | <input type="checkbox"/> | | | +135= | |

| | |
|--------|-------------------|
| RATE | ADDITIONAL FEE |
| X\$ 9= | |
| X40= | |
| +135= | |
| TOTAL | |

| | |
|--------|-------------------|
| RATE | ADDITIONAL FEE |
| X\$18= | |
| X80= | |
| +270= | |
| TOTAL | |

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.